MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5934 05942

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 58 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hotel Queen Anne Annex E. Dover Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) E. Dover Street 40

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) (Last) Adams

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 14, 1875
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months 1 Days 3 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unoccupied
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): New Orleans, La.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rt. Rev. Bishop William Forbes Adams
14. MOTHER'S MAIDEN NAME: Alice E. McCallum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. John Watson, Queenstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH C.I.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to 17 June, 1955, that I last saw the deceased alive on 1 May, 1955, and that death occurred at 3 a. M, from the causes and on the date stated above.
SIGNATURE Newton Harrison M. D. ADDRESS Easton Maryland DATE SIGNED 18 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 20-1955
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-18-55
REGISTRAR'S SIGNATURE N. H. Neeree
24. FUNERAL DIRECTOR ADDRESS John D. Williams Easton, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05943

5953

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Oxford
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) Walter (Middle) C (Last) Bailey
4. DATE OF DEATH: (Month) 6 (Day) 14 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 12-20-93
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farm tennant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: James Bailey
14. MOTHER'S MAIDEN NAME: Mary Ellen Dickerson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
16. SOCIAL SECURITY NO. 214-12-500
17. INFORMANT & ADDRESS: Elmer Bailey Oxford, Md.

18A. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
444X IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(A) Acute Myocarditis DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
(B) Essential Hypertension DUE TO — 4 yrs.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13, 1955 to 6/14, 1955, that I last saw the deceased alive on June 13, 1955, and that death occurred at 7 P. M, from the causes and on the date stated above.
SIGNATURE Howard T. Hall M. D. ADDRESS Easton, Md. DATE SIGNED 6/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6/17/55
NAME OF CEMETERY OR CREMATORY: Martin Downham
LOCATION (City, town, or county) (State): Oxford Md.

DATE REC'D BY LOCAL REGISTRAR: 6-15-55
REGISTRAR'S SIGNATURE: M. H. Meeres
24. FUNERAL DIRECTOR: James Bloomfield ADDRESS: Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05944

5935

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON.
STREET ADDRESS (If rural give location) 403 South 31-

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Benson

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: May 20 1955

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 21 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Claudine Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Claudia Benson Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 IMMEDIATE CAUSE (A) Prematurity

ANTECEDENT CAUSE (B) DUE TO atelectasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Aspiration Aorta

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Aspiration

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1955, to 6/9, 1955, that I last saw the deceased alive on 6/9, 1955, and that death occurred at 10 a.m. P.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 10 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-15-55 | NAME OF CEMETERY OR CREMATORY Family plot | LOCATION (City, town, or county) (State) Matthewstown Md

DATE REC'D BY LOCAL REGISTRAR 6-12-55 | REGISTRAR'S SIGNATURE M. H. Nevels | 24. FUNERAL DIRECTOR ADDRESS James B. Shahill, Easton, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2055131201

05945

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 11,13,14 Film 183 7-5-55

5936

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 18 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton, Md 05X-2
STREET ADDRESS (If rural give location) Gay St.

3. NAME OF DECEASED: (Type or Print) (First) Rosie (Middle) (Last) Brown

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: March 22, 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harrington, Del.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Adams

14. MOTHER'S MAIDEN NAME: Rebecca Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Clarence Brewer Denton Md Daughter-in-law

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (B) DUE TO: H C V D — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5/, 1955, to 6/6/, 1955 that I last saw the deceased alive on 6/6/, 1955, and that death occurred at 4 P. M, from the causes and on the date stated above.

SIGNATURE B Cox M. D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-8-55

NAME OF CEMETERY OR CREMATORY Harrington

LOCATION (City, town, or county) (State) Harrington Del.

DATE REC'D BY LOCAL REGISTRAR 6-6-55

REGISTRAR'S SIGNATURE N. H. Meiree

24. FUNERAL DIRECTOR Katie W. Boyer

ADDRESS Harrington Del.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05946

5937

CERTIFICATE OF DEATH

Reg. Dist. No. 2-10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md. 40
LENGTH OF STAY (in this place) 1 hr - 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 80

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson, Md. 03552
STREET ADDRESS (If rural give location) 1279 Providence Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) A. (Last) Buchanan
4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1955
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: Dec 19, 1897
9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James E. Buchanan
14. MOTHER'S MAIDEN NAME: Bessie Rezpress

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Audrey B. Bring/daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Myocardial infarct
DUE TO
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary sclerosis
DUE TO
(C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13/55, to 6/13/55, that I last saw the deceased alive on ....., 19....., and that death occurred at 12:25 P.M., from the causes and on the date stated above.
SIGNATURE Robert A. Schmeisser M. D. ADDRESS Easton DATE SIGNED 16 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF June 16, 1955 — NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery — LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-14-55 — REGISTRAR'S SIGNATURE M. H. Nevins
24. FUNERAL DIRECTOR Henry C. Jenkins Co. — ADDRESS Baltimore Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05947

5938

CERTIFICATE OF DEATH

Reg. Dist. No. 29

1. PLACE OF DEATH:
   COUNTY Talbot MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
   LENGTH OF STAY (in this place) 16 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE MD COUNTY Talbot
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe X
   STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Lorraine (Middle) (Last) Carroll

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug 19 1919

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Herman Kamke

14. MOTHER'S MAIDEN NAME: Elsie Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-09-6687

17. INFORMANT & ADDRESS: William Carroll

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X IMMEDIATE CAUSE (A) Nephrotic Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Chronic Nephritis — 6 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: X

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to 6/29/1955, that I last saw the deceased alive on 6/28/1955, and that death occurred at 4:45 P M, from the causes and on the date stated above.

SIGNATURE M D ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 1, 1955 — NAME OF CEMETERY OR CREMATORY Landing Neck — LOCATION (City, town, or county) Easton Md (State) RD

DATE REC'D BY LOCAL REGISTRAR 6-30-55 — REGISTRAR'S SIGNATURE M.H. Merrill

24. FUNERAL DIRECTOR Maurice Fleming — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05948

5939

CERTIFICATE OF DEATH

Reg. Dist. No. 296

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton 05X-2
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Artley (Middle) B. (Last) Clarke

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: Feb 11 1917

9. AGE last birthday: 38 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clayton Clarke

14. MOTHER'S MAIDEN NAME: Celeste Rini

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Celeste Clark

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591X IMMEDIATE CAUSE (A) Hyperkalemia

ANTECEDENT CAUSE (B) DUE TO Lower nephrone nephrosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Hepato-renal syndrome

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Jaundice; Recent cholecystectomy

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1955, to 6/21, 1955, that I last saw the deceased alive on 6/20, 1955, and that death occurred at 7 P M. from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton, DATE SIGNED 26 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 24, 1955 | NAME OF CEMETERY OR CREMATORY Denton | LOCATION (City, town, or county) Denton, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-28-55 | REGISTRAR'S SIGNATURE N. H. Nevitt

24. FUNERAL DIRECTOR Virgil Emerson | ADDRESS Denton, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05949

5940 **CERTIFICATE OF DEATH** Reg. Dist. No. 710

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Easton
LENGTH OF STAY (In this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
STREET ADDRESS (If rural give location) 106 S. Aurora st.

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) M. (Last) Cox

4. DATE OF DEATH: (Month) 6 (Day) 11 (Year) 1955

5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: July 3 1885 | 9. AGE last birthday: 69 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W. | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Mr. White | 14. MOTHER'S MAIDEN NAME: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS. same Mr. Robert D. Cox (Husband)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

931X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO arteriosclerosis ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30, 1955, to 6/11, 1955, that I last saw the deceased alive on 6/11, 1955, and that death occurred at 4:45 P.M, from the causes and on the date stated above.

SIGNATURE [signature] M.D ADDRESS Easton DATE SIGNED Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-12-55 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-12-55 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR [signature] | ADDRESS Easton Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05950

MARYLAND 5941

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (In this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) S (Last) Cummings
4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-1 1874
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Tilghman, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Sinclair
14. MOTHER'S MAIDEN NAME: Sarah Covington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Thomas H. Cummings — 417 Elmwood Rd. Balto. 6, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.1 Immediate cause (a) Carcinomatosis, generalized — ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably started in abdomen

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/, 1955, to 6-9-, 1955, that I last saw the deceased alive on 6-9-, 1955, and that death occurred at 10 30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M.D. Easton Md 6/10/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 6/12/55
NAME OF CEMETERY OR CREMATORY: Tilghman Methodist
LOCATION (City, town, or county) (State): TILGHMAN MD

DATE REC'D BY LOCAL REG. 6/10/55
REGISTRAR'S SIGNATURE: M.W. Merrill
24. FUNERAL DIRECTOR ADDRESS: J. Leeds Moore, Tilghman, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05951

5954

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Royal Oak
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) First Clara (Middle) (Last) Frampton

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 19 55

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single 8. DATE OF BIRTH: July 29, 1875 9. AGE last birthday 79 yrs. IF UNDER 1 YEAR: Months 10 Days 3 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 10B. KIND OF BUSINESS OR INDUSTRY: Secretary Women's Society 11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME. Richard B. Frampton 14. MOTHER'S MAIDEN NAME: Hester Ellen Grigsby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY No. None 17. INFORMANT & ADDRESS: Mrs Hilda Gleason, Royal Oak, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

IMMEDIATE CAUSE (A) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 72 hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Metastatic Carcinomatosis — 6 months

(C) Carcinoma Cervix — 15 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1/25/1954 19B. MAJOR FINDINGS OF OPERATION Papillary adenocarcinoma Cervix 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1955, to June 2, 1955, that I last saw the deceased alive on June 1, 1955, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE J. V. Palmer M. D. ADDRESS Easton Md DATE SIGNED 6/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF June 4 55 | NAME OF CEMETERY OR CREMATORY Wilkins Neck | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-3-55 | REGISTRAR'S SIGNATURE N. H. Meekins | 24 FUNERAL DIRECTOR Wilkinson | ADDRESS Easton Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05952

5942 CERTIFICATE OF DEATH Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton,
STREET ADDRESS (If rural give location) 40

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) V. (Last) Gale

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Jan. 20, 1863

9. AGE last birthday 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Louis Mecanekin

14. MOTHER'S MAIDEN NAME: Elizabeth Whitby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mrs. Evelyn Stevens

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X IMMEDIATE CAUSE (A) Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH 1 yr ?

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955 to 6/15/1955, that I last saw the deceased alive on 6/14/1955, and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF June 18, 1955

NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery

LOCATION (City, town, or county) (State) Easton, Talbot, Md.

DATE REC'D BY LOCAL REGISTRAR 6-16-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

05953

5955

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TILGHMAN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IRENE	GERTRUDE	HARRISON	JUNE	2.	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	AUG 27, 1869	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	At Home	MARYLAND	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM JOSHUA HARRISON	SALLY ANN MASON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	none	Sudie C. Hampton, Tilghman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH many yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... , 19 55 to June 3, 1955 that I last saw the deceased alive on May 15, 19 55 and that death occurred at 7 A.M. m., from the causes and on the date stated above.

SIGNATURE Rev. M. Rabb (Degree or title) ADDRESS Tilghman Md DATE SIGNED June 4 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 4, 1955	Tilghman Cemetery	Tilghman	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 4, 55	Mrs Ruth R. Seth	J. Hamilton Harrison	St Michaels Md

5943

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05954

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne R.D. #2
   STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	W	Hayman	6	26	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Cau		3-6-1889	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PREACHER	Clergy	Princess Anne Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. H. Hayman	Leah Bowland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Ida Goldsborough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

S16X

Immediate cause (a) Fracture skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH?	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Hwy	nr Trappe	Talbot	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
6	26	55	c8:20 p.m.			Struck trunk at intent

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Mealy M.D	Dr.	Easton Md	6 27 55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	6-30-55	John Wesley	Princess Anne Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-27-55	N.R. Nelms	William A. Jones Jr.	Princess Anne Md

5956

05955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe rural

LENGTH OF STAY (in this place) ~~3 yrs~~

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Md~~ PA COUNTY ~~Talbot~~

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~Easton~~ Philadelphia

STREET ADDRESS (If rural, give location) ~~Route~~ 1

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Austin (Last) Hubbard

4. DATE OF DEATH (Month) 6 (Day) 26 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/5/~~88~~ 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Clergery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thaddeus Clark

14. MOTHER'S MAIDEN NAME: Maggie E. Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: George Austin Newport News Va.

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Laceration brain Fract. skull

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Auto accident

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hwy

21c. (City or town) nr Trappe (County) Talbot (State) Md

21d. TIME OF INJURY (Month) 6 (Day) 26 (Year) 55 (Hour) 5:45 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Pass. in car which struck truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M.D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6/29/55

NAME OF CEMETERY OR CREMATORY Mt. Lawn Cem.

LOCATION (City, town, or county) (State) Philadelphia Pa.

DATE REC'D BY LOCAL REG. 6-27-55

REGISTRAR'S SIGNATURE N. H. Nevius

24. FUNERAL DIRECTOR James B. Donnelly

ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05956

5944 CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harrison St & Dover St Tidewater Inn.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Easton,
STREET ADDRESS (If rural give location) Harrison & Dover Streets

3. NAME OF DECEASED: (Type or Print) (First) Hallie (Middle) N. (Last) Juskson

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 21, 1874.

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months 10 Days 16 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country) Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lot P. Smith

14. MOTHER'S MAIDEN NAME: Nora E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. T. Hughlett Henry Jr. Easton, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized arteriosclerosis — 3 years.

DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-20, 1954, to 6-6, 1955, that I last saw the deceased alive on 6-6, 1955, and that death occurred at 3:30 P. M, from the causes and on the date stated above.

SIGNATURE William L. Wilters. M.D. ADDRESS Easton Maryland DATE SIGNED 6-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 7 55 | NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery | LOCATION (City, town, or county) (State) Chicago, Ill.

DATE REC'D BY LOCAL REGISTRAR 6-6-55 | REGISTRAR'S SIGNATURE M. A. Nevius

24. FUNERAL DIRECTOR ADDRESS John D. Williams, Easton, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

05957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5945 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 37 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) (Last) Karpenski

4. DATE OF DEATH (Month) 6 (Day) 1 (Year) 1955

5. SEX M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 18 - 1886

9. AGE last birthday 68 yrs; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? ? ✓

13. FATHER'S NAME: Joseph Karpenski

14. MOTHER'S MAIDEN NAME: ~~Agnes Karpenski~~

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. Social Security No.

17. INFORMANT & ADDRESS: Mrs Agnes Karpenski wife Greensboro, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

698X

IMMEDIATE CAUSE (A) Weber-Christian [illegible]

ANTECEDENT CAUSE (B) ~~DUE TO~~ Chronic [illegible]

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: ?

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31, 1955, to 6/1, 1955, that I last saw the deceased alive on 6/1, 1955, and that death occurred at 10:10 P.M, from the causes and on the date stated above.

Pathologist

SIGNATURE [illegible signature] M.D. ADDRESS Easton DATE SIGNED 4 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF June 4, 1955

NAME OF CEMETERY OR CREMATORY Holy Cross

LOCATION (City, town, or county) (State) near Denton, Md

DATE REC'D BY LOCAL REGISTRAR 6-2-55

REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR J. Sigel Morriston ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05958

5946 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1 PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 18 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Norfolk
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Medfield 58x
STREET ADDRESS (If rural give location) Main st.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Kenny
4. DATE OF DEATH: (Month) 6 (Day) 19 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): N.B.
8. DATE OF BIRTH: June 18 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months — Days 0 IF UNDER 24 HRS. Hours 17 Min. 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Kenny
14. MOTHER'S MAIDEN NAME: Maurine Gleason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr Charles Kenny (Father)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
7625 IMMEDIATE CAUSE (A) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH 8 hrs
ANTECEDENT CAUSE (B) DUE TO Hyaline Membrane Disease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Prematurity

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18, 1955, to 6-19, 1955, that I last saw the deceased alive on 6-19, 1955, and that death occurred at 10:00 P M, from the causes and on the date stated above.
SIGNATURE Wm. J. Baylis ADDRESS M.D. Easton Md DATE SIGNED 6-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 6/20/55
NAME OF CEMETERY OR CREMATORY Memorial Hospital
LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REGISTRAR 6/20/55
REGISTRAR'S SIGNATURE M.H. Nevius
24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Easton

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19595947

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton — LENGTH OF STAY (in this place) 20 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Talbot — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Thomas (Last) Lednum

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1955

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): — 8. DATE OF BIRTH: Oct 29, 1875 — 9. AGE last birthday 79 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph D. Lednum — 14. MOTHER'S MAIDEN NAME: Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Mr Lee Lednum Same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X IMMEDIATE CAUSE (A) cerebral Hemorrhage — 23 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerotic cardiovascular d. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension, Escential

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1953 to 6-23, 1955 that I last saw the deceased alive on 6-23, 1955, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE M. D. — ADDRESS St Michaels md — DATE SIGNED 6-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 25, 1955 — NAME OF CEMETERY OR CREMATORY Bozman Cemetery — LOCATION (City, town, or county) Bozman Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6-24-55 — REGISTRAR'S SIGNATURE M. A. Neree — 24. FUNERAL DIRECTOR S. Hambleton Harrison — ADDRESS St. Michaels, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 059601

5948 CERTIFICATE OF DEATH Reg. Dist. No. 240

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Route #4

3. NAME OF DECEASED: (Type or Print) (First) HARRISON (Middle) (Last) RAINES

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: April 30, 1888

9. AGE last birthday 67 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Raines

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Florence R Raines (Wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Intra-cranial hemorrhage
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20 , 1955, to 6/21 , 1955, that I last saw the deceased alive on 6/21 , 1955, and that death occurred at 1:50 A M. from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton DATE SIGNED 22 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6/24/55

NAME OF CEMETERY OR CREMATORY Inglewood

LOCATION (City, town, or county) (State) Easton Md RD

DATE REC'D BY LOCAL REGISTRAR 6/22/55

REGISTRAR'S SIGNATURE N. A. Neeree

24. FUNERAL DIRECTOR James B Barkhill ADDRESS Easton, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05961

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5957

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Trappe
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) B. (Last) SCOTT

4. DATE OF DEATH: (Month) June (Day) 10, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: July 17, 1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Trappe, Tal. Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Brummell

14. MOTHER'S MAIDEN NAME: Josephine Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ----- (If Yes, give war or dates of service) -----

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Ada Brummell, Trappe, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X
IMMEDIATE CAUSE (A) Hypertensive arteriosclerotic disease
DUE TO
ANTECEDENT CAUSE (B) with myocardial insufficiency — 1 year
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1954 to 6/10, 1955, that I last saw the deceased alive on 6/10, 1955 and that death occurred at 3P M, from the causes and on the date stated above.

SIGNATURE Frank G Moore M.D. ADDRESS 18 W. Dover St Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6/13/1955

NAME OF CEMETERY OR CREMATORY Trappe Cemetery

LOCATION (City, town, or county) (State) Trappe, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/12/55

REGISTRAR'S SIGNATURE N. H. Meeks

24 FUNERAL DIRECTOR ADDRESS Herbert M. St. Clair, Jr., Cambridge, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05962

5949

CERTIFICATE OF DEATH

Reg. Dist. No. 210

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 14 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Federalsburg
STREET ADDRESS (If rural give location) 05 x 2 ✓

3. NAME OF DECEASED (Type or Print): First Middle (Middle) (Last) J. Fred Washington

4. DATE OF DEATH (Month) (Day) (Year): 6 10 1955

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 15, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: J. Fred Washington

14. MOTHER'S MAIDEN NAME: Mc Bruce

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mary Washington Federalsburg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X IMMEDIATE CAUSE (A) Cardiac hypertrophy & failure

ANTECEDENT CAUSE (B) DUE TO Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4, 1955, to 6/10, 1955, that I last saw the deceased alive on 6, 1955, and that death occurred at 730A M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS Easton DATE SIGNED 16 Jun 1955

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6/13/55

NAME OF CEMETERY OR CREMATORY: Federal Hill

LOCATION (City, town, or county) (State): Federalsburg Md

DATE REC'D BY LOCAL REGISTRAR: 6-12-55

(REGISTRAR'S SIGNATURE) N. H. Norris

24. FUNERAL DIRECTOR: J. F. Trapton Son

ADDRESS: Federalsburg md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05963

CERTIFICATE OF DEATH

1 5958

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Oxford
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vienna 09X-2
STREET ADDRESS (If rural give location): P.O. ✓

3. NAME OF DECEASED: (Type or Print) (First) GARCIE (Middle) CREOLA (Last) WILLEY

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-5-1875

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Manning Lewis

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Arthur Spear: Oxford, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — Interval Between Onset And Death: YEARS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTESTINAL OBSTRUCTION — 17 HRS

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7-55, to 6-7-55, that I last saw the deceased alive on 6-7-55, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE: Arnold G. Bartley (Degree or title) M.D. ADDRESS: Easton Md. DATE SIGNED: 6-7-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-9-1955 — NAME OF CEMETERY OR CREMATORY: Vienna Cemetery — LOCATION (City, town, or county) (State): Vienna, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/9/55 — REGISTRAR'S SIGNATURE: M. H. Meares

24. FUNERAL DIRECTOR ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

VS. A15

5950 Item 8, Film 185 8-17-55 et

07112

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN EASTON
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wye Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) B.F. (Last) Wolcott

4. DATE OF DEATH (Month) June (Day) 17 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug 2, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: machinist

11. BIRTHPLACE (State or foreign country): Talbot Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Henry Wolcott

14. MOTHER'S MAIDEN NAME: Elizabeth Fagley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-07-7125

17. INFORMANT & ADDRESS: Lillian Roe Wolcott Wye Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Encephalomalacia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Severe arteriosclerosis — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: (9 A.M.)

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Louis O'Kelly M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 6-18-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF June 20-55

NAME OF CEMETERY OR CREMATORY Chesterfield

LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. 6/18/55

REGISTRAR'S SIGNATURE M.D. Meeres

24. FUNERAL DIRECTOR Barton Bros — Centreville Md

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05965

5951 CERTIFICATE OF DEATH Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 3 wks-3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) F. (Last) Wright

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M | 8. DATE OF BIRTH: April 6, 1902 | 9. AGE last birthday 53 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W. | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Clay B. Fairbanks

14. MOTHER'S MAIDEN NAME: Elva E. Seymour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mr. Howard K. Wright.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X
IMMEDIATE CAUSE (A) Carcinoma, metastatic Generalized — INTERVAL BETWEEN ONSET AND DEATH 2 yrs +
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) adenocarcinoma ovaries — ?
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. cachexia —

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 1952 to 6-19, 1955 that I last saw the deceased alive on 6-19, 1955, and that death occurred at 3:45 P M, from the causes and on the date stated above.
SIGNATURE M.D. ADDRESS St Michaels md DATE SIGNED 6-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-22-55 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) (State) St. Michaels Md

DATE REC'D BY LOCAL REGISTRAR 6-20-55 | REGISTRAR'S SIGNATURE N.N. Nevins | 24. FUNERAL DIRECTOR Norman D. Mansfield | ADDRESS St. Michaels Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05966

5952 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 46 Easton
LENGTH OF STAY (in this place) 1 hr 55 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester 17X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Edgar (Middle) T (Last) Wyatt
4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	Married	Sept 9 1899	55 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10B. KIND OF BUSINESS OR INDUSTRY: State of Md. Conservation Fisheries
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wyatt
14. MOTHER'S MAIDEN NAME: Julia Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Agnes Wyatt wife (Chester, Md)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
45 1/X IMMEDIATE CAUSE	(A) Ruptured Aneurysm of the thoracic aorta	1 hr.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29 19 , to 29 June , 1955, that I last saw the deceased alive on 29 June , 1955, and that death occurred at 5:45 P M, from the causes and on the date stated above.
SIGNATURE Thomas Hanian M. D. ADDRESS Chester Maryland DATE SIGNED 29 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/2/55
NAME OF CEMETERY OR CREMATORY Chester
LOCATION (City, town, or county) (State) Chester Md

DATE REC'D BY LOCAL REGISTRAR 6-30-55
REGISTRAR'S SIGNATURE N. H. Nevill
24. FUNERAL DIRECTOR Edgar L. Jones ADDRESS Church Hill Md.